| Please | type a | plus s | sign (+) | inside this | box | \div | $\lceil + \rceil$ | |
|--------|--------|--------|----------|-------------|-----|--------|-------------------|--|
|--------|--------|--------|----------|-------------|-----|--------|-------------------|--|

PTO/SB/01 (12-97)

Approved for use through 9/30/01 OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Attorney Docket Number 720.505 **DECLARATION FOR UTILITY OR First Named Inventor** Johnson, Bradley W. **DESIGN** PATENT APPLICATION COMPLETE IF KNOWN (37 CFR 1.63) Application Number Filing Date □ Declaration □ Declaration **Group Art Unit** Submitted OR Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required) with Initial Filing **Examiner Name**

| As a below named inventor, I hereby declare that: | | | | | | | | | | |
|---|-------------|---------------------|--|--|--|--|--|--|--|--|
| My residence, post office address, and citizenship are as stated below next to my name. | | | | | | | | | | |
| I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: VIDEO TABLE GAME APPARATUS, SYSTEM, AND METHOD OF USE | | | | | | | | | | |
| the specification of which is attached hereto OR (Title of the Invention) | | | | | | | | | | |
| was filed on (MM/DD/YYYY) as United States Application Number or PCT International | | | | | | | | | | |
| Application Number and was amended on (MM/DD/YYYY) (if applicable). | | | | | | | | | | |
| I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. | | | | | | | | | | |
| l acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. | | | | | | | | | | |
| | | | | | | | | | | |
| I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 356(b) of any foreign application(s) for patent or inventor's certificate, or 356(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed. | | | | | | | | | | |
| Prior Foreign Application Number(s) | Country | Foreign Filing Date | Priority Not Claimed | Certified Copy Attached? | | | | | | |
| Number(s) | Country | (MM/DD/YYYY) | Not Claimed | YES NO | | | | | | |
| | | | | 0000 | | | | | | |
| Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: | | | | | | | | | | |
| I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below. | | | | | | | | | | |
| Application Number(s) | Filing Date | e (MM/DD/YYYY) | | | | | | | | |
| 60/256,363 | 12/19/2000 | | Additional provisional application numbers are listed on a | | | | | | | |
| 60/326,434 | 10/01/2001 | | | mental priority data sheet B/02B attached hereto. | | | | | | |
| | 1 | i | | • | | | | | | |

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

| | PTQ/SB/01(12-07 |
|--|---|
| ease type a plus sign (+) inside this box -> + | Approved for use through 8/30/00 (IMB 605) - 003 |
| B30 type a plus sign (*) inside tria dox | Patent and Trademark Office. U.S. DEPARTMENT OF COMMERCE |
| | no persons are captived to respond to a collection of information unless it contain |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

| DECLAR | RATION | | Uti | lity | or | Des | sign | Р | aten | t A | ppl | icatio | n |
|--|--|----------------------------------|-----------------------------|------------------------------|--------------------------------|---|--------------------------------------|------------------------------|--|---------------------------------|-------------|---|----------------------------|
| I hereby claim the benefit United States of America Information which is mot and this national or PCT in | rnational applications are stated to the contract of the contr | ion in th | ne mani remani | ner provi | of Illiante | 11 01 61 | 1 | | 261160 | 112, la en the f | ckilowie | e of the briar a | o disclosa pplication |
| U.S. Parer | | | rent Fi | | | | Parent Patent Number (if applicable) | | | | | | |
| | Number | · | | | | | MM/DO | 17 4 | 44) | | | applicadi | 9/ |
| Additional U.S. of P | | unolema. | n)al c | orlority da | a sheet | PTO/S | 3/02C attache | d herelo | | | | | |
| Additional U.S. of P | CT International | phica | o regis | nous a | Chooci | 3) to p | rosecule | his a | polication | and to to | ansact E | ill business in t | ne Patent |
| As a named inventor. Thereby appoint the following registered practioner(s) to prosecute this applicand Trademark Office connected therewith: Customer Number 21,707 | | | | | | | | <u> </u> | | → | Number Bu (| inde | |
| | | | egisları | ed practi | tion&(\$) | name | lregistrat | on ni | umber list | o belor | | Labelhed | |
| Name | | | | Registre | | | | | Name | | | Regist | ration 1867 |
| Additional registered practitioner(s) named on supplemental Registered Practitional Information sheet PTO/S8/02C attached hereto. | | | | | | | | 0 | | | | | |
| | | | | г | - N. S. V. | , <u>, , , , , , , , , , , , , , , , , , </u> | | $\overline{}$ | | | | | |
| Direct all correspondence to: Customer Number or Bar Code Label 21,707 OR Correspondence address to | | | | | | | ess below | | | | | | |
| Name | • | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | |
| City | | | | | | | State | | | ZIP | | | |
| Causten | Telephone | | | | | | | | | Fax | | | |
| I hereby declare that all believed to be true; and punishable by fine or in application or any patent | norisonment of | le harci le state both, ur | n of my ments ider 18 | y own ki were m U.S.C. | nowledg ade with 1001 at | e are the k nd tha | r ency mi | that i s that liful fi | nstatem ite saltut fa salte eale | enis me iso state menis i | ede on ir | nformation and and the like so pardize the va | baller are idity of the |
| Name of Sole or F | irst Inventor | | | | | | A petit | ion h | ias been | filed fo | rthis u | nsigned inve | ntor |
| Given Name (first and middle [if any]) | | | | | | 1 | Family Name or Surname | | | | | | |
| Bradley W. | | | | <i>g</i> | | 4 | ohnso | n | | | | | 1 |
| Inventor's Signature | Kn | دسري | | 140 | | 11 | | | | ==_ | | Date | 12/19/0 |
| Residence: City | Las Vegas | _ | | State | N/ | | County | , [| JS | | | Citizansnip | US |
| PostOffice Address | 2700 E. St | inset | Rd. | #7 | | | | | , | | | | |
| Post Office Address | | | | | | | | | | | | | |
| City | Las Vegas | State | NV | | | ZIP | 89120 | | | Co | untry | บร | |
| Medditional invent | | | | 2 51 | polem | ental/ | Addition | ai inv | entor(s) | sheet(| SPTO | SB/02A atta | ched here |

| Please type a plus sign (+) inside this box |
|---|
|---|

Please type a plus sign (+) inside this box

Approved for use incough 10/31/2002 (3Mi) 0501-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Pagerwork Reduction Act of 1995, no persons are required to resuped to a collection of information unless it contains a valid OMB control member.

DECLARATION

Supplemental Sheet Page 1 of 2

| Name of Additional Joint Inventor, if any | : | | A petition ha | s been filed for | this unsigned inventor |
|---|------------|-----------|--------------------|-------------------|---|
| Given Name (first and middle [if any]) | | | ſ | amily Name or | Surname |
| | | Pla | ice | | |
| Vaughn D. Inventor's Signature Vausaline Novel | | | | | Date 12-19-01 |
| Residence: City Las Vegas | State 1 | 4V | Country US | | Citizenship US |
| Mailing Address 2700 E. Sunset Rd. #7 | | | | | |
| Mailing Address | | | | | |
| City Las Vegas | State 1 | ٧٧ | ZIP 8912 | 0 Cour | ntry US |
| Name of Additional Joint Inventor, if any | /: | | X A petition ha | s been filed for | this unsigned inventor |
| Given Name (first and middle [if any]) | | | | Family Name or | |
| Given Name (ilist and moore (il enty)) | | | | | |
| Inventor's | | | ,l, | | Date |
| Signature | Τ | | 1 | | Jake |
| Residence: City | State | | Country | | Citizenship |
| Malling Address | · | | | | <u> </u> |
| | | | | | · |
| Mailing Address | | - | | | ountry |
| City | State | | ZIP | | |
| Name of Additional Joint Inventor, if ar | ıy: | (| A petition ha | | this unsigned inventor |
| Given Name (first and middle (if any) |) | | | Family Nar | ne or Surname |
| | | | | | |
| Inventor's | | <u></u> | | | Date |
| Signature | Γ | | T | | |
| Residence: City | State | | Country | | Citizenship |
| Mailing Address | | | | | |
| Mailing Address | | | | | |
| | State | | ZIP | | Country |
| City 21 n | nimules 10 | complute: | rime will vary dep | anding upon the h | ands of the individual case. Any common |

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Take will vary depending upon the needs of the individual case. Any commons on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Tradement Office: Washington OC 20231, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissions; for tratems, Washington, Lic., 20231.

| Please | type a | phis | aign | (+) | insidə | this | box | | + |
|--------|--------|------|------|-----|--------|------|-----|--|---|
|--------|--------|------|------|-----|--------|------|-----|--|---|

PTO/SB/02A (1: 00)
Approved for use through 10/31/2002 OMB 0051-0012
U.S. Patent and Tradentark Office. U.S. DEPARTMENT OF COMMERCIto e collection of information unless it contents a valid OMB content requires. Under the Panarwork Reduction Act of 1895, no persons are required to respond

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 2

| | _ | | | | | |
|---|-------------|--|----------|---|--|--------------------------|
| Name of Additional Joint Inventor, | if any | / : | • | A pelition has bee | o filea ta | r this unsigned inventor |
| Given Name (first and middle (it | any]) | | | | | |
| Andrew | | | <u> </u> | | Name o | Surname |
| Inventor's \(\) | | 0 | _11 | rzeciak | | |
| Signature TIVVIEW (V | عزم | ٠٠٠٠ | | | | Date 12 - 19 - 0 \ |
| Residence: City ALLONQUIN | | State 11 | _ | Country US | A | Citizenship PoulSH |
| Malling Address 92410 TR | ۔ دم ا | d yn | 0 | | | Telegraphy (CEISH |
| Malling Address | | | <u> </u> | | | |
| CIO LAKE IN THE HILLS | _ | State 1L | _ | ZIP LODISLO | Count | by USA |
| Name of Additional Joint Inventor, if | any: | | | A petition has been fi | | |
| Given Name (first and middle [If a | ny]) | ······································ | | Family N | | · |
| | 7. | | | | | |
| Inventor's Signature | | | | | | |
| Residence: City | s | itate | | Country . | | Date |
| Mailing Address | | · | | - Country . | | Citizenship |
| Mailing Address | | | | | | |
| àiy | s | itate | | ZIP | Caus | |
| Name of Additional Joint Inventor, if a | | | _ | *************************************** | Cour | |
| Given Name (first and middle [if am | | | | A petition has been filed | | |
| Controlling (illustration finding in Stri | 711. | | _ | Family | Name o | r Surname |
| ventor's | | | | | <u>. </u> | |
| Ignature | | | | | | Date |
| sidence; City | Sta | tes | | Country | | Citizenship |
| ailing Address | | | | | | |
| alling Address | | | | | <u>-</u> | |
| lity | o.i. | | | | | |
| | State | 9 . | · | ZIP | Cou | ntry |

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Timp will vary depunding upon the needs of the individual case. Any contribute on the amount of time, you are required to complete this form should be cant to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.